

AID# \_\_\_\_\_ Kennel # \_\_\_\_\_



DEPARTMENT OF  
**ANIMAL  
SERVICES**

## Adoption Survey

**animal house**  
ADOPTION CENTER

Thanks for your interest in adopting a pet from Metro Animal Services' Animal House Adoption Center!  
Please take a moment to tell us about yourself so we can help you make the best match when choosing a pet!

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Do You: ☐ Own ☐ Rent ☐ Live With Family

☐ House ☐ Apartment ☐ Condo ☐ Duplex ☐ Mobile Home

Landlord/Management Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Member Who Owns The Home: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you talked to your landlord about having a pet? \_\_\_\_\_

Are there children under 10 years old that live in the home or visit frequently? \_\_\_\_\_ If so, what ages? \_\_\_\_\_

Is anyone in the household allergic to pets? \_\_\_\_\_

Name of current or intended veterinarian: \_\_\_\_\_ Location: \_\_\_\_\_

### Please list all current pets


Name of Pet	Age	Spayed or Neutered?	Where is this pet kept?	Current on vaccinations?	When were they last seen by your veterinarian?


### Please list all previously owned pets in the past five years:


Name of Pet	Age	Spayed or Neutered?	Where was this pet kept?	Current on vaccinations?	Why is this pet no longer owned?

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 My home atmosphere is best described as: ☐ Very Active ☐ Some Activity ☐ Quiet & Peaceful


 I have lived with cats/dogs before: ☐ Currently ☐ In the past ☐ Never before


 My new companion needs to be good with: ☐ Young children ☐ Teenagers ☐ Elderly  
☐ Frequent Visitors ☐ Cats ☐ Dogs ☐ Other: \_\_\_\_\_


 Where will your pet stay while you are away from the house? ☐ Free in the house  
☐ Confined in one room ☐ Crate ☐ In house with pet door ☐ Outside ☐ Other: \_\_\_\_\_

 Will your pet have access to the outdoors? ☐ No ☐ Yes  
→ If yes, ☐ On leash only ☐ In fenced yard ☐ Invisible fence ☐ Free roam  
→ How many hours will your pet spend outside per day? \_\_\_\_\_

 While you are out of town or during an emergency, who will care for your pet? \_\_\_\_\_

 How much are you willing/able to spend on your pet yearly? \_\_\_\_\_

 What type of energy level are you looking for? ☐ I prefer couch potatoes  
☐ Active, energetic and playful ☐ Somewhere in between

 My dog's primary form of exercise will be: \_\_\_\_\_

 I plan to declaw my cat: ☐ Yes ☐ No ☐ Unsure--would like more information

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Why do you want to adopt a pet? \_\_\_\_\_

**I would like further information on:**

- ☐ Cat behavior (scratching, litter box issues, etc.) ☐ Dog behavior (barking, obedience, etc.)  
☐ Intros to other animals ☐ General Wellness ☐ Volunteering ☐ Fostering  
☐ Local Animal Laws & Ordinances ☐ Events/Promotions

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By signing this application, you acknowledge that all information provided by you is true, and that any false or misleading information could possibly restrict you from proceeding with an adoption now or in the future.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved ☐ Pending ☐ Denied ☐ By: \_\_\_\_\_ Date: \_\_\_\_\_

Meet & Greet Required with.... ☐ Other pet ☐ Children

Staff Notes: \_\_\_\_\_  
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